



# Diabetes Medical Nutrition Algorithm

## Type 2 Prevention and Therapy/ Type 1 Therapy

*A1C*—Glycosylated Hemoglobin  
*BG*—Blood Glucose *IFG*—Impaired Fasting Glucose  
*BMI*—Body Mass Index *LDL-C*—Low Density Lipoprotein Cholesterol  
*BP*—Blood Pressure *PCP*—Primary Care Provider  
*CHO*—Carbohydrates *FPG*—Fasting Plasma Glucose  
*TG*—Triglycerides

Impaired Fasting Glucose  
110–125 mg/dL  
Post challenge 140–199 mg/dL

Diabetes Mellitus > 126 mg/dL  
Post challenge > 200 mg/dL

### Medical Nutrition Therapy

by Registered Dietitian, Licensed Dietitian or Certified Diabetes Educator

### Individual Nutrition Assessment

Anthropometrics, Medical History, Lab Values, Food Habits, Lifestyle, Psychosocial, Readiness to Change

### Interventions

- **Self-monitored blood glucose (SMBG)**
- **Increase physical activity (Refer to Exercise Algorithm)**
- **Meal plan**  
Distribute food throughout the day to avoid large concentrations of calories or carbohydrates that cause postprandial glucose elevations  
Individualized meals and snacks to include healthy food choices  
↑ dietary fiber intake to 25–35 g/day
- **Incorporate other needed diet modifications with diabetes meal plan**
- **Promote weight loss, if needed**

FPG >130 mg/dL  
SMBG >120 mg/dL  
Refer to Pharmacologic Algorithm

Overweight/Obesity  
BMI > 27

TG\*  
>150 mg/dL

LDL-C\*  
>100 mg/dL

BP>130/80 mmHg\*\*  
If proteinuric > 125/75 mmHg  
restrict protein to 0.8–1g/Kg

Set weight loss goals  
5–7% weight loss  
minimum

Decrease total CHO intake  
↑ monounsaturated fats  
PCP to follow Lipid Algorithm

Saturated fat < 7%  
Chol intake < 200 mg/day  
↑ monounsaturated fats  
↑ soluble fiber  
to 10–25 g/day

Sodium Restriction  
< 2.4 g/day  
If nephropathy present,  
restrict sodium to  
< 2 g/day

Decrease kcal 250–500 below usual intake  
Decrease calories from CHO to 40–45%  
Decrease total fat intake  
(especially saturated fat)

If TG > 500 mg/dL,  
reduce fat calories  
to < 15% total calories

Monitor glucose, adjust food portions and distribution, with medication and activity, to achieve glucose goals.

### Follow-up Evaluation

Monitor A1C, weight, lipids and blood pressure as needed. Modify meal plan as needed to reach goals.

If BG goals are not met within 1–3 months  
Evaluate nutrition care plan, re-educate and review goals  
Verify patient follow-up with PCP/healthcare provider for drug therapy (per Pharmacologic Algorithm)